

BIRTH NO. ²²¹

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS DEATH NO.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN LAST IN ATTENDANCE MUST STATE CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. IF NO PHYSICIAN IN ATTENDANCE, HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD) MUST COMPLETE AND SIGN MEDICAL CERTIFICATION. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE OF DEATH.

ENTER ONLY ONE CAUSE PER LINE FOR A, B, C. * THIS DOES NOT MEAN MODE OF DYING SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

1. NAME Abram Hewett Anders		2. DATE OF DEATH Sept. 7, 1950	
3. COLOR OR RACE White	4. SEX Male	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	6. DATE OF BIRTH 10/11/1876
7. AGE (IN YEARS) LAST BIRTHDAY 73		8. PLACE OF DEATH A. COUNTY Shelby B. CIVIL DISTRICT Memphis	
9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE Tenn. B. COUNTY Shelby C. CIVIL DISTRICT Memphis		10. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Retired Custodian	
11. SOCIAL SECURITY NUMBER		12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN	
13. BIRTHPLACE (State or Foreign Country) Gloster, Mississippi		14. CITIZEN OF WHAT COUNTRY? USA	
15. FATHER'S NAME Howell W. Anders		16. MOTHER'S MAIDEN NAME Jane Foreman	
17. INFORMANT Mrs. Mollie Anders - 1746 Orleans		18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Bronchopneumonia, bilateral, acute (terminal) ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Cerebral apoplexy DUE TO (C) Hypertension; chronic glomerular nephritis.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20A. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>		20B. FINDINGS AT AUTOPSY	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Bld'g, etc.)	
21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE		21D. TIME OF INJURY MONTH DAY YEAR HOUR	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE W. T. Satterfield, MD.		M.D. <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> ADDRESS Memphis, Tenn.	
DATE 9/8/1950		23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	
23B. DATE OF BURIAL, CREMATION, OR REMOVAL 9/9/1950		23C. NAME OF Cemetery or Crematory Memorial Park	
23D. LOCATION CITY, TOWN OR COUNTY STATE Memphis, Tenn.		24. FUNERAL DIRECTOR ADDRESS National Funeral Home, Memphis, Tenn.	
25. REGISTRATION DIST. NO.		26. DATE SIGNED BY LOCAL REG. 9/9/1950	
27. REGISTRAR'S SIGNATURE			